

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized CommitteeRECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

15 JUL -9 PM 4:05

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

CLEMENTS FOR NM

ADDRESS (number and street)

2251 LA PALOMA

Check if different
than previously
reported. (ACC)

LAS CRUCES

NM

88011

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00553248

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

NM

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

D D / Y Y Y Y

Y Y Y Y / Y Y Y Y

in the
State of

Y Y Y Y / Y Y Y Y

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

D D / Y Y Y Y

Y Y Y Y / Y Y Y Y

in the
State of

Y Y Y Y / Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y
04 / 01 / 2015

D D / Y Y Y Y

Y Y Y Y / Y Y Y Y

through

M M / D D / Y Y Y Y
06 / 30 / 2015

D D / Y Y Y Y

Y Y Y Y / Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Erin Clements

Signature of Treasurer

Erin Clements

Erin Clements

Date

M M / D D / Y Y Y Y
06 / 30 / 2015

D D / Y Y Y Y

Y Y Y Y / Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)